

471-000-505 Nebraska Medicaid Practitioner Fee Schedule for Chiropractic Services

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CODE	MOD	DESCRIPTION	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00072010		RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL			\$57.05	
00072010	52	ANTEROPOSTERIOR OR LATERAL	SINGLE VIEW		\$28.53	
00072040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL			\$31.16	
00072040	52	ANTEROPOSTERIOR OR LATERAL	SINGLE VIEW		\$15.58	
00072070		RADIOLOGIC EXAMINATION, SPINE, THORACIC; ANTEROPOSTERIOR AND LATERAL			\$31.16	
00072070	52	ANTEROPOSTERIOR OR LATERAL	SINGLE VIEW		\$15.58	
00072100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL			\$33.15	
00072100	52	ANTEROPOSTERIOR OR LATERAL	SINGLE VIEW		\$16.58	
00098940		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS		X	\$26.60	\$22.45
00098940	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS	INITIAL VISIT ONLY		\$32.51	\$27.44
00098941		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS		X	\$26.60	\$23.59
00098941	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS	INITIAL VISIT ONLY		\$32.51	\$28.84
00098942		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS		X	\$26.60	\$24.31
00098942	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS	INITIAL VISIT ONLY		\$32.51	\$29.71

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